

PERSONAL REPRESENTATIVE FORM

APPLICATION FOR ABSENTEE BALLOT BY PERSONAL REPRESENTATIVE

(PLEASE PRINT)

I _____, request that
(Voter)

(Personal Representative)

Bring me an absentee ballot, as I am unable to go to the polling place because of physical disability. I am providing at least one of the following for identification purposes:

Voter No. _____

Last four Social Security No. _____

Birth date _____

X _____
(Voter Signature)

X _____
(Date)

WITNESS CERTIFICATION

*We, _____, and _____, do:
(Witness) (Witness)

hereby certify that _____ is unable to go to the polling place
(Voter)
because of physical disability.

X _____
(Witness Signature) (Phone Number) (Voter Number)

X _____
(Witness Signature) (Phone Number) (Voter Number)

(Both witnesses must be qualified Alaska Voters. One witness may be the personal representative.)